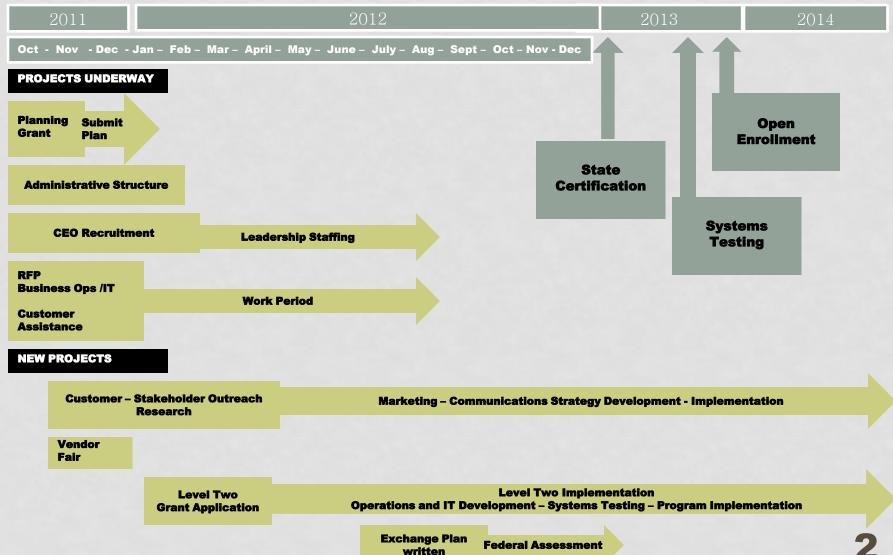
HEALTH INSURANCE EXCHANGE BOARD OF DIRECTORS

OCTOBER 20, 2011

Planning Areas



PLANNING GRANT

Assessment of Uninsured

Analysis of Insurance Market Analysis of Small Employer Market Accounting and
Financial
System
Function
Assessment

Analysis of Economic and Actuarial Models Analysis of Large Group Market after 2017 Impact of other Health System Initiatives on the Exchange

Analysis of HIX Implementation Options

IT Gap Analysis Impact Study on Medicaid Program Develop
Financial Model
for Sustainable
Exchange

STATUS

- Majority of Research and Analysis to be complete by November 15, 2011.
- Projected Final Report Week of December 5, 2011.

PLANNING GRANT FINDINGS PROCESS FLOW

Task	Nov 10	Nov 17 BOD MT	Week of 12/5-9 BOD MT	Dec-Jan
Briefing Materials sent to Board	x			
Mercer Presents to Board		X		
Final Report to State Mercer Presentation: Findings overview and Key decisions State needs to consider			X	
Stakeholders Engaged for Feedback			x	
NEXT STEPS: Decisions: State, Board, Legislative Report: Governor and General Assembly				x

PLANNING GRANT BUDGET

Note	Item	Budget HHS Approved	Reallocated Budget HHS Approved
1	Personnel	\$205,000	\$172,879
2	Consultants		\$50,000
3	Fringe Benefits	\$135,000	\$72,431
4	Equipment	\$9,000	\$2,600
5	Office Supplies	\$1,000	\$500
6	Travel	\$10,000	\$7,000
7	Stakeholder Engagement	\$5,000	\$47,000
8	Feasibility of multi state Exchange	\$2,500	\$600,000
9	Economic and actuarial modeling, surveys and data collection	\$400,000	
10	Assessment of the existing Medicaid system and IT infrastructure	\$75,000	
11	Assessment of technical requirements and development of specs for accounting and financial system functions	\$45,300	
12	Financial Modeling	\$25,000	
13	Indirect Charges	\$84,050	\$44,440
	TOTAL	\$996,850	\$996,850

LEVEL ONE ESTABLISHMENT: UPDATES

Project One

- Establish Administrative Structure
- CEO Recruitment and Leadership Staffing

Project Two

Project Three

- Business Process Requirements and IT Requirements
- Purchase Strategy Options and Preliminary Costs
- Options Selection
- Implementation Plan
- Assessment of Existing Conditions and Strategy for Leverage Capabilities
- Integrated Consumer Experience
- Business Process Changes, Enhancements
- Technical Requirements

LEVEL ONE
ESTABLISHMENT
GRANT

Reference	Budget Line Item:	Duration	Amount Requested
A	Salaries and Wages	12 months	\$260,400.00
В	Fringe Benefits	12 months	\$179,676.00
С	Consultants	n/a	n/a
D	Equipment	n/a	\$0
E	Office Supplies	12 months	\$1,200.00
F	Travel	12 months	\$15,660.00
G	Other	n/a	n/a
Н	Contractual		
Н1	Project One: Administrative Structure, Exchange Leadership and Office Space Procurement	9 months	\$2,293,104.00
H2	<u>Project Two</u> : Business and IT Operations	9 months	\$3,554,063.00
Н3	Project Three: Consumer Assistance and Support	4 months	\$265,781.00
1	Direct Charges		\$6,569,884.00
J	Indirect Charges	12 months	\$118,039.00
	TOTAL		\$6,687,923.00

VENDOR FAIR - EARLY DECEMBER

Objective

- Provide a neutral playing field
- Listen and learn

Process

- RFI issued early November
- Vendor presentations early December

Outcome

- Understanding of Capabilities
- Factored into planning process for implementation

STATE INTERAGENCY EXCHANGE WORKGROUP

Agencies represented

- Department of Social Services
- Connecticut Insurance Department
- Department of Public Health
- Bureau of Enterprise Systems Technology
- Office of Health Reform and Innovation
- Office of the Healthcare Advocate
- Office of Policy and Management

Priority task

- Review and comment on NPRMs
 - Summary of Benefits and Coverage
 - Standards related to Reinsurance, Risk Corridors, Risk Adjustment
 - Medicaid Program
 - Premium Tax Credit
 - Establishment of Exchanges and Qualified Health Plans
 - Exchange Functions in the Individual Market; Eligibility determinations, Exchange Standards for Employers.
- Timeframes:
 - General comments by 10/19
 - Consultant to help synthesize/position
 - File comments to HHS by 10/31

STATE INTERAGENCY EXCHANGE WORKGROUP

Next Priority Task:

Institute of Medicine (IOM) report on Essential Health Benefits (EHB): www.iom.edu/EHB

- Secretary of HHS to define the EHBs.
- Must include at least 10 categories of health services with benefits similar to those currently provided by a typical employer. (ambulatory patient, emergency, hospitalization, maternity and newborn, mental health and substance abuse, Rx, rehabilitative, laboratory services, preventive, pediatric svcs)
- IOM asked to make recommendations on methods for determining and updating the EHBs.
- Two main questions addressed:
 - how to determine the initial package
 - how to update it

NEXT STEPS

- November 17th Meeting
 - Mercer Research
 - Outreach Strategy
 - Projects Updates